

Case Number:	CM14-0186616		
Date Assigned:	11/14/2014	Date of Injury:	05/27/2013
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old male who sustained a work related injury on May 27, 2013 after he slipped and fell from a ladder with a diagnosis of severe sprain/strain left ankle and foot, and fracture of the left orbit. The injured worker has received conservative treatment. There was no surgical intervention or physical therapy documented. The injured worker continues to experience pain in the left ankle and foot. On July 8, 2014, the physical examination of the left lower extremity noted no edema, erythema or bony deformity; full range of motion with minimal discomfort, light touch sensation present in all toes and bottom of the left foot. The injured worker uses pain medication sparingly. The injured worker is considered permanent and stationary as of April 15, 2014. The treating physician requested physical therapy twice a week for four weeks to the left ankle. On November 4, 2014 the Utilization Review partially approved the physical therapy for an initial six visits. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Physical Medicine Guidelines and the Official Disability Guideline (ODG) Ankle-Foot Procedure Summary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy twice a week for four weeks for the left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks. According to the clinical documentation provided and current MTUS guidelines; physical therapy, as indicated above, is indicated as a medical necessity to the patient at this time.